

## Appendix B TNM classification

This provides updated information on staging using UICC TNM 9, which should be used for all tumours diagnosed after 1 January 2026.<sup>1</sup>

### Primary tumour (T)

#### HPV-associated oropharynx

- T0 No evidence of primary tumour, but p16-positive (HPV-associated) cervical node(s) metastasis present
- T1 Tumour 2 cm or less in greatest dimension\*
- T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension
- T3 Tumour more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
- T4 Tumour invades any of the following: larynx\*\*, deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial or lateral pterygoid muscle, hard palate, mandible, pterygoid plates (medial and/or lateral), nasopharynx, skull base; or encases carotid artery

\*The anatomical structure of the tonsil crypts and lingual tonsil means that the basement membrane is incomplete and no carcinoma in situ is recognised.

\*\*Mucosal extension to lingual surface of the epiglottis from primary tumours of the base of the tongue and vallecula does not constitute invasion of the larynx.

#### HPV-independent oropharynx

- T1 Tumour 2 cm or less in greatest dimension
- T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension
- T3 Tumour more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
- T4a Tumour invades any of the following: larynx\*, deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial pterygoid, hard palate, or mandible

T4b Tumour invades any of the following: lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, skull base; or encases carotid artery

\*Mucosal extension to lingual surface of the epiglottis from primary tumours of the base of the tongue and vallecula does not constitute invasion of the larynx.

### **Nasopharynx**

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour, but EBV-positive (EBV-associated) cervical node metastases present
- T1 Tumour confined to the nasopharynx, or extends to oropharynx and/or nasal cavity without para-pharyngeal involvement
- T2 Tumour with extension to para-pharyngeal space or infiltration of the medial pterygoid, lateral pterygoid and/or prevertebral muscles
- T3 Tumour invades bony structures of skull base, cervical vertebra, pterygoid structures and/or paranasal sinuses.
- T4 Tumour with any of the following: intracranial extension and/or involvement of cranial nerves, hypopharynx, orbit, parotid gland, and/or infiltration beyond the lateral surface of the lateral pterygoid muscle

### **Residual tumour (R)**

An R classification can be used to record the presence/absence of tumour remaining after curative therapy.

- RX Presence of residual tumour cannot be assessed
- R0 No residual tumour
- R1 Microscopic residual tumour
- R2 Macroscopic residual tumour

### **References**

1. Brierley JD, Giuliani M, O'Sullivan B, Rous B, Van Eycken L (eds.). *TNM Classification of Malignant Tumours* (9th edition). Oxford, UK: Wiley-Blackwell; 2025.

